HDFC ERGO General Insurance Company Limited

PUBLIC LIABILITY - CLAIM FORM

The issue of this form is not to be taken as an admission of liability. The Completion and return of this form to the Company should not be delayed if any of the particular required cannot be immediately given. They may be forwarded to the Company afterwards as soon as possible.

1. a) Name of Insured

   b) Address

   c) Policy Number

   d) Period of the Policy

   e) limits of Indemnity under the Policy

2. Particulars of accident

   a) Date of occurrence D D M M Y Y Y Y Time:_____A.M/P.M

   b) Place of accident

   c) When did you first come to know of the accident? _____

   d) When was the accident reported to you? _____

   e) When was the claim first notified to the Insurer? _____

3. Particulars of consequences of the accident:

   a) Has any person sustained any injuries in the accident? If so,

   (i) Give name/s, address/es and occupation/s of such person/s _____

   _____

   (ii) State where such person was at the of accident. _____

   (iii) Have the injured persons been removed to hospital or medically attended? If so, give particulars. _____

   _____

   b) Has the accident caused damage to property or livestock? If so, give name/s and address/es of the owner/s of the property and/or the livestock and full description of the property and state the nature of and extent of damage.

   _____

   _____

   c) Has any claim been made upon you by any person? If so, state by whom and give full particulars (If claim has been made in writing, attach a copy of the notification received and of the bill, If submitted)

   _____

   _____

   d) Estimated amount of claim separately under (a), (b) and (c) _____

   _____

4. a) Give, if possible, the names and addresses of all witnesses to the accident _____

   _____

   b) Has the accident been reported to any authority? If so, state to whom and attach a copy of the report submitted _____

   _____

   c) What action, if any, has been taken by the authority? _____

   _____

   d) Give particulars of any other insurance, if any, in respect of the same risk. _____

   _____

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that if I/We have made, or in any declaration, the Company may require in respect of the said accident, shall ake any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and Void.

I/We hereby understand, declare, consent and authorise the Company that personal health details, medical history and financial information, as provided to the Company may be utilised for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

_____

Insured's Signature

Date: D D M M Y Y Y Y

HDFC ERGO General Insurance Company Limited

Consent for Mode of Claim Payment

Name of Insured

Policy Number

Claim Number

Beneficiary Name

Mode of Payment (Please tick for mode of payment) Cheque ☐ Fund Transfer ☐

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account

Bank Account Number

Branch Name

IFSC Code

Email address

Attachments
In Support of Bank Details
(Please tick the type of proof submitted) Cancelled Cheque ☐ Bank Passbook Copy ☐

Declaration: I Mr./ Mrs/ Ms. _____ undersigned, legal beneficiary of the above claim, declare that all details mentioned in this form are true and I agree to the mode of payment against the particular claim number mentioned above.

Signature of Beneficiary
Stamp Required in case of Company

Date: D D M M Y Y Y Y